

Revision: HCFA-PM-94-1 (MB)
FEBRUARY 1994

State/Territory: LOUISIANA

Citation

4.22 Third Party Liability

42 CFR 433.137

(a) The Medicaid agency meets all requirements of:

- (1) 42 CFR 433.138 and 433.139.
- (2) 42 CFR 433.145 through 433.148.
- (3) 42 CFR 433.151 through 433.154.
- (4) Sections 1902(a)(25)(H) and (I) of the

1902(a)(25)(H) and (I)
Act.
of the Act

42 CFR 433.138(f)

(b) ATTACHMENT 4.22-A --

- (1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in §433.138(e) are conducted;

42 CFR 433.138(g)(1)(ii)
and (2)(ii)

- (2) Describes the methods the agency uses for meeting the followup requirements contained in §433.138(g)(1)(i) and (g)(2)(i);

42 CFR 433.138(g)(3)(i)
and (iii)

- (3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and

42 CFR 433.138(g)(4)(i)
through (iii)

- (4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.

STATE <u>Louisiana</u>	A
DATE REC'D <u>4-1-94</u>	
DATE APPV'D <u>5-3-94</u>	
DATE EFF <u>10-1-93</u>	
HCFA 179 <u>94-02</u>	

TN No. 94-02

Supersedes 90-14

TN No. 90-14

Approval Date 5/3/94

Effective Date 10/1/93

Revision: HCFA-PM-94-1 (MB)
FEBRUARY 1994

State/Territory: LOUISIANA

Citation

- 42 CFR 433.139(b)(3) (ii)(A) — (c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.
- (d) ATTACHMENT 4.22-B specifies the following:
- 42 CFR 433.139(b)(3)(ii)(C) (1) The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C).
- 42 CFR 433.139(f)(2) (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.
- 42 CFR 433.139(f)(3) (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.
- 42 CFR 447.20 (e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>4-1-94</u>	
DATE APPV'D	<u>2-3-94</u>	
DATE EFF	<u>10-1-93</u>	
HCFA 179	<u>94-02</u>	

TN No. 94-02
Supersedes 90-14 Approval Date 5/3/94 Effective Date 10/1/93
TN No. 90-14

Citation

42 CFR 433.151 (a)

- (f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)

X Other appropriate State agency(s) --
IV-A
IV-E

— Other appropriate agency(s) of another State--

____ Courts and law enforcement officials.

1902(a)(60) of the Act

- (g) The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.

1906 of the Act

- (h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.

X The Secretary's method as provided in the State Medicaid Manual, Section 3910.

— The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.

STATE	ILLINOIS	A
DATE REC'D	3-28-94	
DATE APP'VD	5-3-94	
DATE EFF	4-1-94	
HCFA 179	94-23	

TN No. _____

Supersedes

TN No.

Approval Date

Effective Date

Effective Date